

ACCREDITATION APPLICATION FORM

VERSION 3.0

2014

Document Name: Accredita	Division: ETQA		
Date Approved: 29 July 2014		Recommended By: ETQA Executive Manager	Signature:
Date Revised:	Version: No 3.0	Approved By: CEO	Signature:
Period of Validity: 1 Year	Location : ETQA		

Section 1: Skills Development Provider Information (Copies of relevant information must be attached)

Name of Skills Development	Provider:			
Name of Programme submitte	d for approval:			
Assessor/s:				
Name and Surname				
◆ ID number (attach certifice)				
♦ HWSETA registration no				
 certified copy of notification 				
♦ Signed SLA/Contract co	pies			
NB: must be registered for the sapplied for.	ame programme			
Moderator/s:				
♦ Name and Surname				
♦ ID number(attach certifie	d copy)			
♦ HWSETA registration no				
♦ certified copy of notification	on letter)			
♦ Signed SLA/Contract co	-			
NB: must be registered for the s				
applied for				
QMS Reviewed (to be verified on site) Yes / No				
Attach current original Tax cle certificate:				
Attach copy of company regis				
shareholding information:				
Attach CVs and qualifications				
(one or more directors to have				
relevant to the health and social sector)				
sector)				
NB:				
Provider Postal				
Address:				
Province:				
Code:				
GPS Coordinates:				
			1	
Physical Address:				
yoloui /tuulooo.				
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Province:									
Code:									
Contact person:	Mr	Mrs	Ms	Dr	Prof	Other	Name:		
Position held:			I				l		
Tel No:	()				No.: ()		
E-mail :					Cell	No			
Date of submissions of HWSET accreditation is a	A na		ıd Lo	go af	ter	Yes		No	
NB: Opportunity for Accreditation proces Section 2: Qu 2.1 SAQA regist	ss. <i>Late</i> ualifi	catio Quali	sts for n an ficati	use of d/or on/s:	skills	o will not k	e considere	d.	
Qualification/s tit	le:	(==	pircu	quan	<u>ircation</u>	3 HOL UIII	owcu)		
SAQA qualification	n								
NQF Level:									
Credits:									
2.2 List the elec	ctive	unit st	anda	rds s	electe	d from t	he qualifi	catio	n above:
Names of select	ted E	lective	e Uni	t		SAQA ID		IQF evel	Credits
e.g. Write for a var purposes	riety of	differe	ent		e.g. 1	2470	1		6

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2.3 HWSETA registered Skills Programme/s or proposed skills programme:

(A minimum of two unit standards allowed)

Skills Programme title:				
Unit Standard Title	Unit standard type (F-fundamental, C- Core, (E-Elective)	SAQA ID	NQF Level	Credits
e.g. Describe the functions of the workplace health and safety representative	Е	259622	2	3

Section 3. CHECKLIST

Ensure all the required information below is provided, before submitting the complete file for evaluation and approval:

Requirements (Please Tick)	✓		
SECTION ONE: Provider Information			
1. Is section 1 fully completed (Provider Information)?			
2. Is the actual submission date to HWSETA completed?			
3. Are assessor/s and moderator/s details reflected?			
4. QMS: Policy, procedures and tools			
♦ Human resource policy and procedure including:			
♦ Grievance procedure			
♦ Recruitment and selection procedure			
♦ Disciplinary procedure			
♦ Finance policy and procedure			
Marketing policy and procedure			
♦ Assessment and appeals policy and procedure			
♦ Moderation policy and procedure			
◆ Customer services policy and procedure			
♦ RPL policy and procedure			
♦ Administration policy an procedure			
◆ Learner entry guidance and support policy and procedure			
◆ Learning programme design, development and delivery policy and procedure			
♦ Physical resource policy and procedure			
Health and safety policy and procedure			

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5. Is the current Tax Clearance Certificate included?
6. Is the company registration included?
7. Is the copy of the Mission and Vision statements included? 8. Are the CV's and copies of the directors included?
o. Are the GV's and copies of the directors included:
SECTION TWO: Qualification and/or skills programme/s:
9. Is the title and ID of skills programmes or qualification applied for completed?
10. Are Unit Standard ID numbers, titles, NQF and credits for the qualification and
skills programme listed/provided? 11. Are the chosen electives for the qualification listed?
12. Is the name of the qualification/skills programme listed?
13. Are the chosen electives listed?
Full names:
Title:

Signature Date
Oignature Date

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